

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

SECRETARY OF THE SENATE

1. NAME OF COMMITTEE (In full) Citizens For Harkin	00 AUG -4 2010: 25
ADDRESS (number and street) P.O. Box 811	2. FEC IDENTIFICATION NUMBER C00166827
CITY, STATE, and ZIP CODE Des Moines, IA 50304	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

4. TYPE OF REPORT

- | | |
|--|--|
| <input type="checkbox"/> April 15 Quarterly Report | <input type="checkbox"/> Twelfth day report preceding |
| <input type="checkbox"/> July 15 Quarterly Report | election on _____ in the State of _____ |
| <input type="checkbox"/> October 15 Quarterly Report | <input type="checkbox"/> Thirtieth day report following a General Election |
| <input type="checkbox"/> January 31 Year End Report | _____ in the State of _____ |
| <input checked="" type="checkbox"/> July 31 Mid-Year Report (Non-Election Year Only) | <input type="checkbox"/> Termination Report |

This report contains activity for ☒ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

5. Covering period <u>1/1/00</u> through <u>6/30/00</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$375,172.03	\$375,172.03
(b) Total Contribution Refunds (from Line 20(d))	\$115.00	\$115.00
(c) Net Contributions (other than loans) (subtract Line 6 (b) from 6(a))	\$375,057.03	\$375,057.03
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$232,214.78	\$232,214.78
(b) Total Offsets to Operating Expenditures (from Line 14)	\$12.50	\$12.50
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$232,202.28	\$232,202.28
8. Cash on Hand at Close of Reporting Period	\$384,432.45	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-376-3120
9. Debts and Obligations Owed TO the Committe (Itemize all on Schedule C and/or Schedule	\$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule	\$0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true,
correct and complete.

Type or Print Name of Treasurer Theresa Kehoe	
Signature of Treasurer <i>Theresa L Kehoe</i>	Date <i>7/30/00</i>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C

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FEC FORM 3

(Revised 4/87)